

B22A (Official Form 22A) (Chapter 7) (12/10)

In re	Brian D Randell Stacey L Randell	According to the information required to be entered on this statement
	Debtor(s)	(check one box as directed in Part I, III, or VI of this statement):
Case Number: (If known)		☐ The presumption arises.
		■ The presumption does not arise.
		☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS			
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.			
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).			
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.			
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.			
Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumpt temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion per are not required to complete the balance of this form, but you must complete the form no later than 14 days after the dat which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your before your exclusion period ends.				
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard			
	a. □ I was called to active duty after September 11, 2001, for a period of at least 90 days and □ I remain on active duty /or/ □ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;			
	OR			
	 b. ☐ I am performing homeland defense activity for a period of at least 90 days /or/ ☐ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed. 			

		Part II. CALCULATION OF M	ON	THLY INCO	ME FOR § 707(b)	(7)]	EXCLUSION	Ī	
		Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.							
	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.								
		Married, not filing jointly, with declaration							
2		"My spouse and I are legally separated under							
2	1	purpose of evading the requirements of § 7076 for Lines 3-11.							
		Married, not filing jointly, without the decla ("Debtor's Income") and Column B ("Spou	se's	Income") for Lin	es 3-11.				
d. Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("S				ouse's Income'')	for 1	Lines 3-11.			
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before				Column A		Column B		
		ling. If the amount of monthly income varied					Debtor's		Spouse's
		nonth total by six, and enter the result on the a			, you must arride the		Income		Income
3	Gros	s wages, salary, tips, bonuses, overtime, con	nmi	ssions.		\$	0.00	\$	3,348.49
	Incor	me from the operation of a business, profess	sion	or farm. Subtract	Line b from Line a and				
	enter	the difference in the appropriate column(s) of	f Lin	e 4. If you operate	e more than one				
		ness, profession or farm, enter aggregate numb							
4		nter a number less than zero. Do not include b as a deduction in Part V.	any	part of the busine	ess expenses enterea of	1			
4	Line	b as a deddetron in Fart v.	Г	Debtor	Spouse	7			
	a.	Gross receipts	\$	0.00		1			
	b.	Ordinary and necessary business expenses	\$	0.00	\$ 0.00				
	c.	Business income	Su	btract Line b from	Line a	\$	0.00	\$	0.00
		s and other real property income. Subtract							
		ppropriate column(s) of Line 5. Do not enter							
5	part	of the operating expenses entered on Line b	as			٦			
3		Gross receipts	\$	Debtor 0.00	\$ 0.00	╢			
	a. b.	Ordinary and necessary operating expenses		0.00		_			
	c.	Rent and other real property income		btract Line b from		\$	0.00	\$	0.00
6	Inter	rest, dividends, and royalties.				\$	0.00	\$	0.00
7	Pensi	ion and retirement income.				\$	0.00	\$	0.00
	Any	amounts paid by another person or entity, o	n a	regular basis, for	the household				
0		nses of the debtor or the debtor's dependent							
8		ose. Do not include alimony or separate main se if Column B is completed. Each regular pa							
	if a p	ayment is listed in Column A, do not report the	ıyıne ıat n	avment in Column	B.	\$	0.00	\$	0.00
		mployment compensation. Enter the amount in							
		ever, if you contend that unemployment comp				ı			
9		fit under the Social Security Act, do not list th		nount of such comp	pensation in Column A				
	or B,	but instead state the amount in the space belo	w:			٦			
		mployment compensation claimed to benefit under the Social Security Act Debto	r \$	0.00 Spe	ouse \$ 0.00	$\ _{\$}$	0.00	\$	0.00
		me from all other sources. Specify source and	d ar	nount If necessary	list additional sources			-	
		separate page. Do not include alimony or sep							
		se if Column B is completed, but include all							
		maintenance. Do not include any benefits received under the Social Security Act or payments							
10		ved as a victim of a war crime, crime against lestic terrorism.	numa	anity, or as a victim	1 of international or				
	Conti	Controller		Debtor	Spouse	٦			
	a.		\$		\$	1			
	b.		\$		\$]			
		and enter on Line 10				\$	0.00	\$	0.00
11		otal of Current Monthly Income for § 707(k				f \$	0.00	\$	3,348.49
	Colu	mn B is completed, add Lines 3 through 10 in	C01	unin b. Enter the	wai(s).	ф	0.00	Ψ	3,340.43

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	3,348.49
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION	
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$ 40,181.88
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	
	a. Enter debtor's state of residence: OK b. Enter debtor's household size: 5	\$ 70,569.00
15	 Application of Section 707(b)(7). Check the applicable box and proceed as directed. ■ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. □ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement. 	ot arise" at the

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)						
	Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)						
16	16 Enter the amount from Line 12.			\$			
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.						
	b. c.			\$ \$			
	d.			\$			
	Total and enter on Line 17			<u>'</u>		\$	
18	Current monthly income for § 70'	7(b)(2). Subtract Lin-	e 17 fro	m Line 16 and enter the resu	ılt.	\$	
	Part V. C.	ALCULATION	OF DI	EDUCTIONS FROM	INCOME		
	Subpart A: Dec	luctions under Sta	ndard	s of the Internal Revenu	e Service (IRS)		
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.				formation is available persons is the number	\$	
19B	National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.				al Standards for le at le number of persons re 65 years of age or that would currently lad dependents whom denter the result in lenter the result in Line 3.		
	Persons under 65 year	rs of age	Persons 65 years of age or older				
	a1. Allowance per personb1. Number of persons		a2. b2.	Allowance per person Number of persons			
	c1. Subtotal		c2.	Subtotal		\$	
20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.			\$			

20B	Local Standards: housing and utilities; mortgage/rent expense. En Housing and Utilities Standards; mortgage/rent expense for your count available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy counted that would currently be allowed as exemptions on your feed any additional dependents whom you support); enter on Line be the total debts secured by your home, as stated in Line 42; subtract Line be from not enter an amount less than zero.				
	 a. IRS Housing and Utilities Standards; mortgage/rental expense b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42 	\$			
	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$		
21	Local Standards: housing and utilities; adjustment. If you contend 20B does not accurately compute the allowance to which you are entit Standards, enter any additional amount to which you contend you are contention in the space below:	\$			
	Local Standards: transportation; vehicle operation/public transport	station avnoys	Ψ		
22A	You are entitled to an expense allowance in this category regardless of vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expense included as a contribution to your household expenses in Line 8.	whether you pay the expenses of operating a			
	If you checked 0, enter on Line 22A the "Public Transportation" amou Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/ or	\$			
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				
	Local Standards: transportation ownership/lease expense; Vehicle you claim an ownership/lease expense. (You may not claim an owners vehicles.) □ 1 □ 2 or more.				
23	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy c Monthly Payments for any debts secured by Vehicle 1, as stated in Lin the result in Line 23. Do not enter an amount less than zero.				
	a. IRS Transportation Standards, Ownership Costs	\$			
	Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 42	\$			
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$		
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.				
	a. IRS Transportation Standards, Ownership Costs	\$			
	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$			
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$		
25	Other Necessary Expenses: taxes. Enter the total average monthly ex state and local taxes, other than real estate and sales taxes, such as inco security taxes, and Medicare taxes. Do not include real estate or sales	\$			

26	Other Necessary Expenses: involuntary deductions for deductions that are required for your employment, such as Do not include discretionary amounts, such as voluntary	retirement contributions, union dues, and uniform costs.	\$	
27	Other Necessary Expenses: life insurance. Enter total av life insurance for yourself. Do not include premiums for any other form of insurance.		\$	
28	Other Necessary Expenses: court-ordered payments. En pay pursuant to the order of a court or administrative agenci include payments on past due obligations included in Li	\$		
29	Other Necessary Expenses: education for employment of the total average monthly amount that you actually expend education that is required for a physically or mentally chall providing similar services is available.	\$		
30	Other Necessary Expenses: childcare. Enter the total avechildcare - such as baby-sitting, day care, nursery and presented the childcare - such as baby-sitting, day care, nursery and presented the childcare.		\$	
31	Other Necessary Expenses: health care. Enter the total a health care that is required for the health and welfare of yo insurance or paid by a health savings account, and that is in include payments for health insurance or health savings	surself or your dependents, that is not reimbursed by n excess of the amount entered in Line 19B. Do not	\$	
32	Other Necessary Expenses: telecommunication services. actually pay for telecommunication services other than you pagers, call waiting, caller id, special long distance, or inte welfare or that of your dependents. Do not include any an	\$		
33	Total Expenses Allowed under IRS Standards. Enter the	e total of Lines 19 through 32.	\$	
	Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.			
34	a. Health Insurance	\$		
	b. Disability Insurance	\$		
	c. Health Savings Account	\$	\$	
	Total and enter on Line 34.			
	If you do not actually expend this total amount, state you below: \$	ur actual total average monthly expenditures in the space		
35	Continued contributions to the care of household or fam expenses that you will continue to pay for the reasonable a ill, or disabled member of your household or member of your expenses.	and necessary care and support of an elderly, chronically	\$	
36	Protection against family violence. Enter the total average actually incurred to maintain the safety of your family under other applicable federal law. The nature of these expenses	\$		
37	Home energy costs. Enter the total average monthly amount Standards for Housing and Utilities, that you actually expertrustee with documentation of your actual expenses, and claimed is reasonable and necessary.	\$		
38	Education expenses for dependent children less than 18. actually incur, not to exceed \$147.92* per child, for attenda school by your dependent children less than 18 years of ag documentation of your actual expenses, and you must expenses ary and not already accounted for in the IRS Star	ance at a private or public elementary or secondary te. You must provide your case trustee with axplain why the amount claimed is reasonable and	\$	

 $^{^{*}}$ Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.				\$		
40			Enter the amount that you will conting ganization as defined in 26 U.S.C. § 1		e form of cash or	\$	
41	Tota	l Additional Expense Deduction	s under § 707(b). Enter the total of I	ines 34 through 40		\$	
		S	ubpart C: Deductions for De	bt Payment			
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.						
		Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?		
	a.			\$	□yes □no		
				Total: Add Lines		\$	
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor						
				T	otal: Add Lines	\$	
44	prior		ims. Enter the total amount, divided b claims, for which you were liable at t as those set out in Line 28.			\$	
			If you are eligible to file a case under the amount in line b, and enter the res				
45	a. b. c.	issued by the Executive Office	trict as determined under schedules for United States Trustees. (This w.usdoj.gov/ust/ or from the clerk of	x Total: Multiply Lin	es a and b	\$	
46	Tota	l Deductions for Debt Payment.	Enter the total of Lines 42 through 45	5.		\$	
		Sı	ubpart D: Total Deductions f	rom Income			
47	Tota	l of all deductions allowed under	r § 707(b)(2). Enter the total of Lines	33, 41, and 46.		\$	
	Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION						
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))				\$		
49	Ente	r the amount from Line 47 (Tota	al of all deductions allowed under §	707(b)(2))		\$	
50	Mon	thly disposable income under §	707(b)(2). Subtract Line 49 from Line	e 48 and enter the res	ılt.	\$	
51	60-m	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the					

	Initial	Initial presumption determination. Check the applicable box and proceed as directed.					
52	☐ The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.						
32		☐ The amount set forth on Line 51 is more than \$11,725* Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.					
	□ Th	e amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Con	mplete the remainder of Part VI (I	Lines 53 through 55).			
53	Enter	the amount of your total non-priority unsecured debt		\$			
54	Thres	hold debt payment amount. Multiply the amount in Line 53 by the number	0.25 and enter the result.	\$			
	Secon	dary presumption determination. Check the applicable box and proceed as	s directed.				
55		e amount on Line 51 is less than the amount on Line 54. Check the box for statement, and complete the verification in Part VIII.	or "The presumption does not aris	se" at the top of page 1			
		☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.					
		Part VII. ADDITIONAL EXPENSE	CLAIMS				
56		Expenses. List and describe any monthly expenses, not otherwise stated in					
	707(b)	nd your family and that you contend should be an additional deduction from $O(2)(A)(ii)(I)$. If necessary, list additional sources on a separate page. All figurem. Total the expenses.					
		Expense Description	Monthly Amou	int			
	a.	Fr. co co. fr. c	\$				
	b.		\$				
	c.		\$				
	d.		\$				
		Total: Add Lines a, b, c, and d	\$				
		Part VIII. VERIFICATION					
		are under penalty of perjury that the information provided in this statement is	s true and correct. (If this is a join	nt case, both debtors			
	must s		e: /s/ Brian D Randell				
		Signature Signature	Brian D Randell				
57			(Debtor)				
		Date: December 6, 2012 Signature	/s/ Stacey L Randell				
			Stacey L Randell				
			(Joint Debtor, if a	ny)			

^{*} Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.